

# VENDOR / PAYEE FILE

## EMERGENCY EXPEDITE REQUEST

DATE: \_\_\_\_\_

TO: VENDOR / PAYEE REGISTRATION  
OFFICE OF FINANCIAL MANAGEMENT  
DEPARTMENT OF MANAGEMENT & BUDGET  
ROMNEY BLDG., 7<sup>TH</sup> FLOOR, PO BOX 30710  
LANSING MI 48909  
FAX: (517) 373-6458

REQUESTING AGENCY: \_\_\_\_\_

REASON FOR EMERGENCY EXPEDITE:

- ☐ DUE TO COURT ORDER
- ☐ LEGISLATIVE BUSINESS
- ☐ TO AVOID PENALTY
- ☐ IMMINENT EVICTION OF CLIENT OR AGENCY OF THE STATE

Please allow 24 hours processing time for the above emergencies.

☐ OTHER REASON: \_\_\_\_\_

For Other Reasons: New vendors are processed within 3 business days.  
Allow 7-10 business days for processing address or other changes for existing vendors.

\*\*\* New Vendors/Payees can register immediately at Contract & Payment Express Website\*\*\*  
<http://www.cpexpress.state.mi.us/>

DATE PAYMENT REQUIRED: \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUESTER SIGNATURE: \_\_\_\_\_  
(Signature Required)

CHIEF FINANCIAL OFFICER SIGNATURE  
OR OTHER APPROVED SIGNATORY: \_\_\_\_\_  
(Original Signature Required)

(Signature of CFO or other Approved Signatory must match that on file with DMB Vendor Registration.)

### OFM Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Init: \_\_\_\_\_ Fax ☐ ID ☐

Date Added: \_\_\_\_\_ Time Added: \_\_\_\_\_ E ☐ NE ☐